Quality in Patient Care—
Know It, Use It, Prove It, Oh My!

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Disclosures

• Dr. Michaels and Dr. Archila hold zero financial benefit to the products contained herein including to AOA MORE (optometry’s registry)
• Dr. Michaels and Dr. Archila have no current financial disclosures
• The views expressed are those of the presenters and don’t reflect the official policy or position of the Department of the Navy, Department of Defense, nor the US Government.

• Buying coffee is easy enough to understand—
  – You either have the currency to participate or you don’t
• Do you have the right health care currency?
  – Can you prove it?
A few simple questions...

- Will Medicare funding last forever?
- Why?
  - Aging of America?
  - System paid on QUANTITY

If you own a business...

- Would you rather pay employees by quantity of service or quality of service?
  - Many of us pay by quantity (hours worked)
  - Some of us also pay by quality (bonuses)
- What is more important in ANY business: quantity of products sold or quality of products sold?
  - Or both?

CMS Game Changer

- 2015
  - HR2: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - Medicare severs Pay-for-Service
  - Payments
    - Service, Quality, EMR, Cost
    » PQRS
    » Meaningful Use
    » Physician Payment Modifier
Did MACRA Come Out of Left Field?
• Or has CMS been talking quality payment for years?

CMS Quality Publications
• “Roadmap for Implementing Value Driven Healthcare in the Traditional Medicare Fee-for-Service Program”
  — April 2007

CMS Roadmap for Value Driven Health Care
CMS Goals for Value Based Purchasing
• Payment Incentives
  — Medicare payments linked to quality and efficiency of care
• Effectiveness
  — Care is evidence-based and outcomes-driven to better manage disease
• Transparency
  — Value based payments give patients information on the quality, cost and safety of their healthcare
Consider Medicare’s Fiscal Health

- 2008 Medicare Annual Report to Congress
  - The Board of Trustees emphasizes the continuing financial pressures facing Medicare and urges the nation’s policy makers to take steps to address these concerns.

CMS Quality Publications

- “Development of a Plan to Transition to a Medicare Value-Based Purchasing Program for Physician and Other Professional Services”
  - December 2008
  - The who, what, where, when of transitioning Medicare to Pay-for Performance

CMS Quality Publications

- “Development of a Plan to Transition to a Medicare Value-Based Purchasing Program for Physician and Other Professional Services”
  - Goal
  - Objective
  - Primary Focus
  - How
  - Incentives
  - Measures
  - Data
  - Public Reporting
MIPPA 2008

• Medicare Improvements for Patients and Providers Act of 2008
  – Section 131(d) requires the HHS Secretary to develop a plan to transition Medicare to a Value Based Purchasing program for professional services that is based on efficiency and quality
  – What is Value Based Purchasing?

Value Based Purchasing = Pay for Performance

MIPPA 2008

• Medicare Improvements for Patients and Providers Act of 2008
  – Section 131(d) requires the HHS Secretary to develop a plan to transition Medicare to a Pay-for-Performance program for professional services that is based on efficiency and quality
PPACA 2010
Patient Protection and “Affordable Care Act”
• Directs the establishment of a number of Value-Based Purchasing programs and payment bundling initiatives
  – Physicians
  – Hospitals & Ambulatory Surgery Centers
• $\$\$ \text{penalties in 2015 for not participating in PQRS}

ACA & Physicians

• Requires HHS Secretary to establish a payment modifier that provides for differential payment to physicians under the physician fee schedule based on the quality of care

PPACA: Payment Modifier

• Begins January 1, 2015
  – for selected physicians and physician groups
• January 1, 2017 for all physicians (This means ODs)
• MACRA continues the Payment Modifier in 2019
PQRS

- Optometry's start in the quality arena
- 2007
  - Voluntary
- 2015
  - Penalty for not participating
- MACRA continues PQRS requirements

PQRS for ODs—The Good News

- 2009
  - 20% submitted
  - 6% paid
- 2010
  - 22% submitted
  - 10% paid
  - Afterwards, rules loosened to 50% threshold to qualify for payment
- 2011
  - 28% submitted
  - 19% paid
- 2012
  - 32% submitted
  - 20% paid
- 2013
  - 38% submitted
  - 20% paid

Specialties with the largest number of eligible professionals participating in PQRS through claims reporting (2013)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible Professionals</th>
<th>Eligible Professionals Participated</th>
<th>Percent of Eligible Professionals Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>78,441</td>
<td>22,631</td>
<td>28.9%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>76,041</td>
<td>21,695</td>
<td>28.5%</td>
</tr>
<tr>
<td>Radiology</td>
<td>31,213</td>
<td>19,980</td>
<td>64.0%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>50,626</td>
<td>15,383</td>
<td>30.4%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>62,216</td>
<td>13,100</td>
<td>21.1%</td>
</tr>
<tr>
<td>Optometry</td>
<td>33,698</td>
<td>12,646</td>
<td>37.5%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>40,527</td>
<td>26,914</td>
<td>66.4%</td>
</tr>
<tr>
<td>Physical/Occupational Therapy</td>
<td>49,006</td>
<td>24,308</td>
<td>49.6%</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>46,266</td>
<td>23,484</td>
<td>50.8%</td>
</tr>
</tbody>
</table>
### PQRS for ODs—The Good News

**Top 10 Specialties Earning a PQRS Incentive – Claims-Based Individual Measures (2013)**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible Professionals who Participated</th>
<th>Eligible Professionals who Qualified for an Incentive</th>
<th>Percent Who Qualified for an Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>34,292</td>
<td>31,033</td>
<td>90.5%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>26,914</td>
<td>20,630</td>
<td>76.7%</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>23,484</td>
<td>17,864</td>
<td>76.1%</td>
</tr>
<tr>
<td>Physical/Occupational Therapy</td>
<td>24,308</td>
<td>15,939</td>
<td>65.6%</td>
</tr>
<tr>
<td>Radiology</td>
<td>19,980</td>
<td>14,562</td>
<td>72.9%</td>
</tr>
<tr>
<td>Family Practice</td>
<td>22,631</td>
<td>11,792</td>
<td>52.1%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>15,383</td>
<td>10,856</td>
<td>70.6%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>21,695</td>
<td>10,697</td>
<td>49.3%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>13,100</td>
<td>7,330</td>
<td>56.0%</td>
</tr>
<tr>
<td>Optometry</td>
<td>12,646</td>
<td>6,742</td>
<td>53.3%</td>
</tr>
</tbody>
</table>

### PQRS for ODs—The Bad News!

- 20,326 ODs getting a **pay cut** by Medicare
  - Because you didn’t submit PQRS in 2013
    - 59% of all ODs are currently not ready for Medicare’s new payment system that starts in 2019!!
- OMDs
  - 28% receiving payment reduction in 2015

### Why Optometry?

- DID YOU KNOW: there are 20 medical conditions that account for over 95% of Medicare’s costs?
Medicare’s 20 High-Impact Conditions

- Acute myocardial infarction (AMI)
- Alzheimer’s Disease and related disorders
- Atrial fibrillation
- Breast cancer
- Cataract
- Congestive heart failure (CHF)
- Chronic kidney disease
- Colorectal cancer
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Endometrial cancer
- Glaucoma
- Hip/pelvic fracture
- Ischemic heart disease
- Lung cancer
- Major depression
- Osteoporosis
- Prostate cancer
- Rheumatoid arthritis and osteoarthritis
- Stroke/transient ischemic attack (TIA)

Why Optometry?

- We are on the FRONT LINE for many of Medicare’s most cost exhausting conditions!

Enter PQRS

- Identified gaps in care in these most cost exhaustive conditions
  - Reduce the gaps
  - Improve outcomes
  - Reduce costs
PQRS Under the Hood

• Glaucoma 2027F
  – There is a significant gap in documentation patterns of the optic nerve for initial and follow up visits
    • Even among glaucoma specialists!!

PQRS Under the Hood

• Diabetes 2021F
  – RAND Study
    • 50% of diabetics get timely eye exams
    • 19% had evidence of dilated eye exam
CMS Game Changer

• 2015
  – HR2: Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
    • Medicare severs Pay-for-Service as the sole payment plan
    • Combines PQRS, EMR use and Physician Payment Modifier to decide your reimbursement
      – Merit-based Incentive Payment System (MIPS)

Game Changers

Overview of MACRA

• Merit-based Incentive Payment System (MIPS)
  – New Medicare Payment System in 2019!
  – Grades provider from 0-100
  – 4 performance categories
    • Quality (30% of grade)
    • Resource Use (30% of grade)
    • Meaningful Use of EHRs (25% of grade)
    • Clinical Practice Improvement Activities (15% of grade)
Overview of MACRA
• Merit-based Incentive Payment System (MIPS)
  — Grades provider from 0-100
  — 4 performance categories
    • Quality (30% of grade)
      — PQRS (registry)
    • Resource Use (30% of grade)
      — Yet to be determined metrics that define episodes of care
      — Cost to provide care
      » It took you 4 visits with a glaucoma patient, is that ‘normal’
    • Meaningful Use of EHRs (25% of grade)
      — Registry in the Menu Set of MU1, MU2 and expected in MU3
    • Clinical Practice Improvement Activities (15% of grade)
      — Registry use; care coordination; practice surveys; etc.

Overview of NEW Medicare Payment System
• Merit-based Incentive Payment System (MIPS)
  — 0-100 point scale
    • 2019
      — Up to 12% additional payment
    • 2022
      — Up to 27% additional payment
• Decreases in payment for those not meeting quality targets
  — MACRA design is cost neutral
    • Somebody loses!

59%
• Remember, 59% of ODs are not currently participating in PQRS!
  — You have to get in the game
    • PQRS
    • MU
    • Registry-use
• Not just CMS!
Overview of NEW Medicare Payment System

• Medicare’s move to Value-Based Purchasing
  – 85% of Medicare payments will move to value-based purchasing categories 2 through 4 by 2016
    • 90 percent by 2018.
      – Category 1—fee-for-service with no link to quality
      – Category 2—fee-for-service with link to quality
        » PQRS, Value-based Modifier, eRx, etc.
      – Category 3—alternative payment models built on fee-for-service architecture
        » ACO's, etc.
      – Category 4—population-based payment

Overview of NEW Medicare Payment System

• It is impossible to get maximum reimbursement without using a Registry!
Registry info

• AOA MORE
  – Measures and Outcomes Registry for Eyecare

What is AOA MORE?

• A registry!
• Database
  – Systematic collection of data
  – Captures data that can be analyzed
    • Analyze to improve care and outcomes
• Not an EMR
  – Data collected from multiple EMRs
    • Even across different EMR vendors

How AOA MORE helps you

• Helps in Answering Optometry’s Questions:
  – Kids under 5?
  – Most common K ulcer?
  – Diabetics?
  – Myopia progression?
  – Exams?
How **AOA MORE** helps you

**Measures**
- Submits data to Medicare for you
  - Info for PQRS is pulled from your EMR
  - NO MORE FILING EXTRA CLAIM CODES!!
- CMS is phasing out claims-based PQRS

**Outcomes**
- Profession-wide and individual OD

**Meaningful Use**
- CMS has increased the need for a registry with each Stage
  - Stage 3 criteria expected soon
  - Expect registry-use to be emphasized

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How **AOA MORE** helps you

- Allows for Benchmark Comparisons
  - Dashboard
- Creates Evidence-base
  - 30,000+ ODs working together
- Assists in Advocacy
  - Optometry writes its own script!

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**CMS Top Registry Users by #**

*(2013 data)*

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<td><strong>Internal Medicine</strong></td>
<td>76,041</td>
<td>5,942</td>
<td>7.8%</td>
</tr>
<tr>
<td><strong>Internal Medicine - Medicare</strong></td>
<td>68,432</td>
<td>5,639</td>
<td>8.2%</td>
</tr>
<tr>
<td><strong>Physical/Occupational Therapy</strong></td>
<td>49,006</td>
<td>5,499</td>
<td>11.2%</td>
</tr>
<tr>
<td><strong>Family Practice</strong></td>
<td>78,441</td>
<td>4,566</td>
<td>5.8%</td>
</tr>
<tr>
<td><strong>Dermatology</strong></td>
<td>9,791</td>
<td>3,617</td>
<td>36.9%</td>
</tr>
<tr>
<td><strong>Nurse Practitioner</strong></td>
<td>62,216</td>
<td>3,050</td>
<td>4.9%</td>
</tr>
<tr>
<td><strong>Physician Assistant</strong></td>
<td>50,626</td>
<td>2,664</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Other Eligible Professional</strong></td>
<td>38,052</td>
<td>2,599</td>
<td>6.8%</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td>31,213</td>
<td>2,284</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>Ophthalmology</strong></td>
<td>17,468</td>
<td>1,604</td>
<td>9.2%</td>
</tr>
<tr>
<td><strong>Cardiology</strong></td>
<td>18,851</td>
<td>1,530</td>
<td>8.1%</td>
</tr>
</tbody>
</table>
Opening Session features Academy’s plans to shape the future in turbulent times

Contacts: not the same old options

Fifteen years after the Endophthalmitis Vitrectomy Study: Where are we now?
The Great Debate tackles treatment of wet AMD

How AOA MORE helps you

- Merit-based Incentive Payment System (MIPS)
  - New Medicare Payment System in 2019!
  - Grades provider from 0-100
  - 4 performance categories
    - Quality (30% of grade)
    - Resource Use (30% of grade)
    - Meaningful Use of EHRs (25% of grade)
    - Clinical Practice Improvement Activities* (15% of grade)

70% of MIPS is tied to your use of a data registry!

How Does AOA MORE work?

- Integrates with your Electronic Medical Record

- Additional vendors over the next 12 months
- Integration was key to allow ODs be ODs!
  - No manual entry required or allowed
• Rollout this week at OM!
  – President’s Council
  – House of Delegates
  – Press release and conference at OM
  – AOA Central in Exhibit Hall
• Sign up at AOA Central
  – AOA Booth

• What if my vendor is not yet integrated?
  – RevolutionEHR, Compulink Advantage and MaximEyes are currently integrated
• If these are not yours, signup anyway.
  – Plan to integrate
    • OfficeMate/ExamWRITER/Eyefinity EHR
    • Practice Director EHR
    • Crystal PM
    • Others
    • Demand?
• Resources
  – #1: go to AOA Central this weekend in Exhibit Hall
  – aoa.org/MORE
    • Comprehensive FAQ
    • AOA NEWS articles
    • Video education

• Cost?
  – You DESERVE to be at the value-based purchasing table
  – $0 to members
    • Registries cost upwards of $100 per month per doctor in other professions and optometry

Screenshots
What Does the Future Hold?

• CMS has changed their paradigm—are we as an Association ready for the future?
  – The AOA is working to keep you at the table with VBP changes!
• Are you ready?